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Application Number	09/921,252
Filing Date	August 2, 2001
First Named Inventor	Anne HOVER
Art Unit	3731
Examiner Name	J. Baxter
Attorney Docket Number	A227.12-57

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 40306☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name John S. Wagley, Patent Attorney, DePuy Orthopaedics, Inc.

Signature *John S. Wagley*

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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